## This form complies with the statutory requirement set forth in TC 5-2-15-3.

Date:	12-22-2007	Address:	174 Cherry St Apt C
Case #:	<u>45F47764</u>		New Albany, IN 47150
County:	Floyd		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) ite (only)	□ Residence     □ Outbuilding     □ Vehicle	Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)  Lithium/Ammonia Reaction(s): <u>Bedroom</u>			
Red Phosphorous/Iodine Reaction(s):			
Elammable Solvents: Bedroom			
Water Reactive Metal (Lithium): <u>Bedroom</u>			
Anhydrous Ammonia: <u>Hallway-Furnance Air Intake</u>			
Mydrochloric Acid Gas Generator(s): Bedroom			
Corrosive Acid: Bedroom			
Corrosive Base: Bedroom			
Other (item and location):			
⊠ Yes <u>I</u> □ No	er age 18 discovered (check one) (number present)  Eport to Child Protective Services	Ephedrina	e Information e/Pseudoephodrinc Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: New Albany FD	Fax: <u>N/A</u>	
Health Department: Floyd County		Fax: <u>948.2</u> Fax: <u>Given</u>	
Child Prote	ection Service: Floyd County		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Greenwell Phone 812.246.5424			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.